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PTO/SB/30 (10-01)

Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE



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**REQUEST  
FOR  
CONTINUED EXAMINATION (RCE)  
TRANSMITTAL**

**Address to:**  
Commissioner for Patents  
Mail Stop RCE  
P.O. Box 1450  
Alexandria, VA 22313-1450

<b>Application Number</b>	10/662,223
<b>Filing Date</b>	September 12, 2003
<b>First Named Inventor</b>	Stephen D. Pacetti
<b>Art Unit</b>	1734
<b>Examiner Name</b>	Laura Estelle Edwards
<b>Attorney Docket Number</b>	50623.330

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application. Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application. See Instruction Sheet for RCEs (not to be submitted to the USPTO) on page 2.

**1. Submission required under 37 C.F.R. 1.114**

- a.  Previously submitted
  - i.  Consider the amendment(s)/reply under 37 C.F.R. 1.116 previously filed on June 29, 2005.  
(Any unentered amendment(s) referred to above will be entered).
  - ii.  Consider the arguments in the Appeal Brief or Reply Brief previously filed on \_\_\_\_\_
  - iii.  Other \_\_\_\_\_
- b. Enclosed
  - i.  Amendment/Reply
  - ii.  Affidavit(s)/Declaration(s)
  - iii.  Information Disclosure Statement (IDS)
  - iv.  Other \_\_\_\_\_

**2. Miscellaneous**

- a.  Suspension of action on the above-identified application is requested under 37 C.F.R. 1.103(c) for a period of \_\_\_\_\_ months. (Period of suspension shall not exceed 3 months; Fee under 37 C.F.R. 1.17(i) required)
- b.  Other \_\_\_\_\_

**3. Fees** The RCE fee under 37 C.F.R. 1.17(e) is required by 37 C.F.R. 1.114 when the RCE is filed.

- a.  The Director is hereby authorized to charge the following fees, or credit any overpayments, to Deposit Account No. 07-1850
  - i.  RCE fee required under 37 C.F.R. 1.17(e)
  - ii.  Extension of time fee (37 C.F.R. 1.136 and 1.17)
  - iii.  Other \_\_\_\_\_
- b.  Check in the amount of \$ \_\_\_\_\_ enclosed
- c.  Payment by credit card (Form PTO-2038 enclosed)

**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED**

Name (Print /Type)	Cameron K. Kerrigan	Registration No. (Attorney/Agent)	44,826
Signature		Date	July 26, 2005

**CERTIFICATE OF MAILING OR TRANSMISSION**

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as Express Mail in a box addressed to: Commissioner for Patents, Mail Stop RCE, P.O. Box 1450, Alexandria, VA 22313-1450, or facsimile transmitted to the U.S. Patent and Trademark Office on the date shown below:

Name (Print /Type)	Rebecca M. Klits	Date	July 26, 2005
Signature			

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND Fees and Completed Forms to the following address: Commissioner for Patents, Mail Stop RCE, P.O. Box 1450, Alexandria, VA 22313-1450.



Please type a plus sign (+) inside this box →

PTO/SB/21 (08-03)

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## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	10/662,223
		Filing Date	September 12, 2003
		First Named Inventor	Stephen D. Pacetti
		Group Art Unit	1734
		Examiner Name	Laura Estelle Edwards
Total Number of Pages in This Submission	5	Attorney Docket Number	50623.330

### ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Deposit Account 07-1850 Authorization	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Postage Paid Return Postcard	<input type="checkbox"/> Drawing(s) In/Formal ____ Sheets with Submission of Drawings Transmittal	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment and Response To Office Action	<input type="checkbox"/> Issue Fee Transmittal with PTO-85b (in duplicate)	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Amendment Transmittal Letter	<input checked="" type="checkbox"/> Request for Continued Examination Transmittal (RCE) (1 page) (in duplicate)	<input type="checkbox"/> Statement of Common Ownership (1 page)
<input type="checkbox"/> Statement of Common Ownership	<input checked="" type="checkbox"/> Fee Transmittal (1 page) (in duplicate)	<input type="checkbox"/> Request for Status of Application
<input type="checkbox"/> Petition for Extension of Time ( months)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Other:
<input type="checkbox"/> Information Disclosure Statement (in duplicate) with Form PTO-1449 citing ____ References	<input type="checkbox"/> Terminal Disclaimer	
<input checked="" type="checkbox"/> Express Mail Label No. EV 721158330 US	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) ____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

Remarks

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

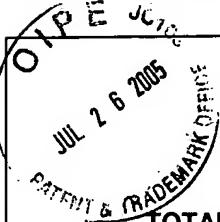
Firm or Individual name	Squire, Sanders & Dempsey L.L.P. Cameron K. Kerrigna, Reg. No. 44,826
Signature	
Date	July 26, 2005

### CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as Express Mail in a box addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date: July 26, 2005

Typed or printed name	Rebecca M. Klits
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**FEE TRANSMITTAL****TOTAL AMOUNT OF PAYMENT**Subtotal (1) + Subtotal (2) + Subtotal (3) = **(\$790.00)**

Complete if Known	
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<b>METHOD OF PAYMENT</b>		<b>FEES CALCULATION (continued)</b>																																																																																																																																											
<p>1. The Commissioner is hereby authorized to:</p> <p><input checked="" type="checkbox"/> Charge the indicated fees to the below mentioned deposit account.</p> <p><input checked="" type="checkbox"/> Charge any additional fee required under 37 CFR 1.16 - 1.21 or credit any over payments to the below mentioned deposit account.<sup>†</sup></p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p>		<p><b>3. 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SUBMITTED BY		Complete (If applicable)	
Typed or Printed Name	Cameron K. Kerrigan	Reg. Number	<b>44,826</b>
Signature		Date	<b>July 26, 2005</b>